



APPEAL PROCESS: Individuals and Families

The goal of NY State of Health is to help you and your family get health insurance you can afford. One way we do this is by giving you a chance to buy qualified health plans. Sometimes you can even get help paying for this coverage.

Another part of our job is deciding if you meet the requirements for enrolling in government programs like Medicaid or Child Health Plus. These programs allow you to get health care for you or your children at no-to-low cost.

To do our job, NY State of Health must make many decisions about how your situation fits the rules for these health care programs. Sometimes, you will not agree with the decisions we make. When this happens, you can ask us to reconsider and change our decision. This kind of request is called an “appeal.”

The rules for appealing any of our decisions are known as the **Appeals Process: Individuals and Families**.

Decisions that you can appeal

- Decision that you do not meet the rules to buy a health plan for yourself or your family in the Marketplace. Example: You do not live in New York State, or are incarcerated.
- Decision that you do not meet the rules for getting federal help paying for a health plan purchased in the Marketplace.
- Decision on how much you must pay for your monthly premium if you applied for financial help.

- Decision that you do not meet the rules for coverage under Medicaid or Child Health Plus.
- Decision on how much money you must pay for Child Health Plus coverage if your children are eligible for this program.
- Decision that you do not meet the rules for signing up for insurance in the Marketplace during a “special enrollment period.”
- Delayed decision by the Marketplace. Example: You did not get a notice telling you if you meet the rules for Medicaid coverage *within the required 45 days*.
- Decision to change any earlier decision made by the Marketplace.
- Decision that your appeal request is not valid.

How to appeal to NY State of Health

You can ask for an appeal by

Phone: 1-855-355-5777

Fax: 1-855-900-5557

Mail: NY State of Health, P.O. Box 11729, Albany, NY 12211

Any way you choose, your appeal request must

1. Give your Marketplace Account ID and Date of the Notice you received from us stating the decision you want to appeal or your date of birth and social security number or other identifying information if you did not receive a notice from us. You can locate your Marketplace Account ID near the top of your Marketplace notice. It begins with “AC.”
2. Be sent within **60 calendar days of the date of this Notice**.
3. Say why you think we should change this decision.
4. Provide materials, by fax or mail, to back up your reason(s).

5. Clearly state if you wish to fast-track your appeal process because of your medical condition.

From start to finish, a normal appeal process will take 90 days.

We will decide a fast-track appeal as soon as possible.

Fast-tracking your appeal

In your request, you must say why you need to fast-track it. For example, if your health is likely to get much worse with the normal wait for a hearing, you should ask us to fast-track the process. You must send us a note from your doctor backing up your reason(s) for needing to fast-track your Appeal.

If we accept your fast-track request, we will set a date for your Telephone Hearing as soon as possible.

If we deny your fast-track request, we will tell you, in writing, why we denied it. We will also tell you when your Telephone Hearing will be held and all your rights at the Telephone Hearing.

How to keep your health coverage during the appeal process

If you are covered by Medicaid...

...your health care coverage will continue during the appeal process as long as you ask for an appeal within **10 days of the date of the Notice stopping or reducing your Medicaid coverage.** You can appeal this decision within 60 days of the Notice date, but coverage will stop if your appeal is made after 10 days of the Notice date.

If you are covered by any other health plan bought through the Marketplace...

...your health care coverage will continue during the appeal process as long as you request an appeal within 60 days of the date on the Notice of decision you are appealing.

Getting to the Hearing ...the back and forth of the appeal process

YOU...

NY State of Health / WE...

YOU send appeal request

WE send you a notice saying we received your request. If you made it within 60 days and for a decision that can be appealed (see *page 1*), we will set the date of the Hearing.

or

WE will send a Notice if your request is not accepted.

YOU send us more information to “cure” or fix the problem with your request.

WE accept your information as enough to fix the problem and we set a time for the Hearing.

or

WE dismiss your appeal request if we don’t think your information is enough (Notice of Dismissal). We also tell you how our decision will affect your health care.

YOU don’t send us more information to fix the problem with your request.

WE dismiss your appeal request (Notice of Dismissal). We also tell you how our decision will affect your health care.

YOU give us a “good cause” for cancelling or “vacating” our dismissal
Example: illness or something else beyond your control

WE accept your reason and cancel the dismissal. We then set the date for the Hearing.

or

WE send you a Notice if your request is not accepted.

At the Appeals Hearing

You will make your case for why we should change our decision. You should fax or mail us materials that back up your case. An impartial Hearing Officer, who has never been involved in decisions on your case, will make a decision.

He or she will have your Marketplace application along with the documents and information you provided with your appeal. The Hearing Officer must record the entire Hearing. In most cases, within two to three weeks after the Hearing, the Hearing Officer will review the record and prepare a Decision. It will explain the decision and how it affects your or your family's health care coverage.

The Decision will also tell you how to appeal the Decision with the U.S. Department of Health and Human Services and/or how to bring a lawsuit if you disagree with the Decision. For more information on how to appeal a Hearing Decision, go to <https://www.healthcare.gov> or contact your County Bar Association, Legal Aid Society, Legal Services, etc.

Some important facts about the NY State of Health Appeals Process

- The Hearing Officer will call you and all others taking part in the hearing. You should answer the call in a quiet place.
- You may have anyone with you during the Telephone Hearing to help you make your case — someone in your family, a friend, a lawyer, etc. If a lawyer helps you or someone else is representing you at your hearing, we need a retainer agreement or Authorized Representative Designation form in your Marketplace file by the day of your Hearing. An Authorized Representative Designation form can be downloaded [here](#). The Marketplace, too, may have a person standing in for them on the call.
- You may send documents to the Marketplace or have people on the call who back up your case (witnesses). The Marketplace may do the same.
- The Hearing Officer may ask either the Marketplace stand-in or you and your stand-ins questions.

- The Marketplace stand-in may ask you or your stand-ins and witnesses questions and you or your stand-ins may ask him or her questions.
- You may ask for someone who speaks your preferred language and the Marketplace will provide that person. To avoid a Hearing delay, this request should be made several days before the date of the Hearing.
- If you want to submit additional evidence before the hearing, cannot attend the hearing on the day or time set, or have other questions or concerns about the hearing, you should contact the Customer Service Center; see page 2 for contact information.
- You may cancel your appeal or the Hearing at any time for any reason, including that we have, together, worked out our disagreement before the Hearing.
- If you have requested a Hearing but it is scheduled for a time or day you cannot take a telephone call, contact customer service as soon as possible and ask that your hearing be moved to another time.
- If you missed the hearing, your appeal will be dismissed. If you give the Marketplace a good reason why you missed it, in writing, within 30 days of the date of our Notice of Dismissal, the Marketplace *may* set a new date for the Hearing.
- The Hearing Officer must make a recording of the entire Hearing. You are allowed to review the entire Hearing record including the materials submitted by both sides, the recording and the transcript of it.

Legal Authority Related to Appeals in Individual Marketplace

Code of Federal Regulations (CFR), Title 45, Part 155, Subpart D	Exchange Functions in the Individual Market: Eligibility Determinations for Exchange Participation and Insurance Affordability Programs
CFR, Title 45, Part 155, Subpart F	Appeals of Eligibility Determinations for Exchange Participation and Insurance Affordability Programs
CFR, Title 45, Part 155, Subpart G	Exchange Functions in the Individual

	Market: Eligibility Determinations for Exemptions
CFR, Title 42, Part 431, Subpart E	Fair Hearings for Applicants and Beneficiaries
New York Code of Rules and Regulations (NYCRR), Title 18, Part 358	Fair Hearings